

WORK EXPERIENCE: PARENT FORM

Please complete this form and sign the agreement to enable your student to participate in work experience in year 10. Please return this form by **6th November 2019**.

Year 10 work experience dates – 8th June to 12th June 2020

School contact: Claire Christiansen **Tel:** **Email:**

Student Name (as per register)		Tutor group	
Parent/Carer name (contact in case of emergency)		Home Tel. No.	
		Parent/Carer mobile no.	
Parent/Carer email address			
<p>MEDICAL INFORMATION Please indicate below any medical condition/s and/or special needs this student has which an employer should be aware of in order to carry out a suitable and sufficient risk assessment. Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties, Failure to notify of any condition could put a student at risk</p>			
<p>PARENT/CARER AGREEMENT – to be signed by parent/carers</p> <ul style="list-style-type: none"> • I agree in principle to the named student undertaking work experience and that he or she will be subject to the direction and control of the Employer whilst on placement • I agree to provide any relevant medical information and update the school on any changes prior to placement • I understand that all reasonable care for the health and safety of my child will be taken by the Employer, who has responsibility to ensure that so far as is reasonably practicable all necessary health and safety measures will be taken during the placement and will share risk assessment information with me directly • I understand that the Employer will have to satisfy legal standards relating to insurance cover and health and safety • I understand that I am responsible for my child's transport to and from the workplace • I understand students may leave the Employers premises for business purposes and agree to this • I understand the lunchtime arrangements in the parent information and agree to these • I understand I must inform the Employer & school of any absence during the work placement • I understand student information will be shared with employers where necessary for health & safety • I am satisfied that the named student is a suitable candidate to work with children or vulnerable adults • I understand in the case of accident or sickness occurring to the student whilst on placement the Employer will take appropriate action and notify the school and student's emergency contact without delay 			
Parent/Carer signature		Date	

PLEASE RETURN THIS FORM TO TUTOR BY 6TH OCTOBER 2019